## EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change HEMOPHILIA FEDERATION OF AMERICA INC Name change 72-1282316 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 999 NORTH CAPITAL ST NE 201 (202) 675-6984 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 6,287,372. Amended WASHINGTON, DC 20002 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHARON MEYERS for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( 4947(a)(1) or 527 ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.HEMOPHILIAFED.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1994 M State of legal domicile: LA Part I Summary Briefly describe the organization's mission or most significant activities: TO ASSIST AND ADVOCATE FOR THE Activities & Governance BLEEDING DISORDERS COMMUNITY. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 46 3 Number of independent voting members of the governing body (Part VI, line 1b) 46 4 38 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** 5,655,623<mark>.</mark> 5,042,302. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 26,948. 82,483. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 514,601. 549,266. 11 5,583,851 6,287,372. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,000. 17,500. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,192,720. 2,554,479. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,234,898. 3,395,292. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,446,618. 5,967,271. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 137,233. 320,101. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 6,329,926. 8,132,180. 20 Total assets (Part X, line 16) 3,76<u>6,</u>378. 2,513,652 21 Total liabilities (Part X, line 26) 3,816,274. 4,365,802 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. **Sharon Meyers** Signature of officer Date Sign SHARON MEYERS, PRESIDENT & CEO 8/18/2020 Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 08/18/20 P00005154 PAUL SENGER PAUL SENGER Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Preparer Firm's address 10401 W INNOVATION DR, STE 300 Use Only Phone no. 414-476-1880 WAUWATOSA, WI 53226 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TO ASSIST AND ADVOCATE FOR THE BLEEDING DISORDERS COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: )(Expenses \$ 1,218,732. including grants of \$ ) (Revenue \$ 543,746. )  OUTREACH SERVICES - SERVICES TO MEMBER ORGANIZATIONS AND INDIVIDUALS.  THIS INCLUDES A TEEN OUTREACH PROGRAM WHICH TARGETS TEENS THROUGH  EDUCATION AND LEADERSHIP DEVELOPMENT AND PRODUCTION OF THE  ORGANIZATION'S NEWSLETTER, "DATELINE FEDERATION".
4b	(Code:)(Expenses \$ 1,438,234. including grants of \$) (Revenue \$)  PATIENT EDUCATION - THE ORGANIZATION HOLDS AN ANNUAL SYMPOSIUM TO  PROVIDE INFORMATION TO PATIENTS AND THEIR FAMILIES. THIS INFORMATION  AND THE OPPORTUNITY TO MEET WITH OTHER PATIENTS HELPS THEM WITH THEIR  DISEASE AND OTHER COMPLICATIONS INCLUDING HIV.
4c	(Code:)(Expenses \$ 2,062,144. including grants of \$) (Revenue \$) PROGRAMS AIMED AT TARGET GROUPS, WHICH INCLUDE "BLOOD BROTHERHOOD", "BLOOD SISTERHOOD", "FAMILIES: DADS IN ACTION / MOMS IN ACTION", "FITFACTOR", "GEARS FOR GOOD", AND "HPP: HEALTH PROMOTION AND PREVENTION". THESE PROGRAMS WORK WITH THE GROUPS TO OFFER SUPPORT, ENCOURAGEMENT, AND SKILLS TO LIVE WITH THE DISORDER.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 868,957. including grants of \$ 17,500.) (Revenue \$ )
4e	Total program service expenses ► 5,588,067.
	Form <b>990</b> (2019)

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	   11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)			
	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<del></del>
~~		22	х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	- 22	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
				X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		x
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┢┸
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45			
b		_		
c	Bridge of the state of the stat			
J	(gambling) winnings to prize winners?	1c		
	(games), manage to prize minore.		000	(2010)

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Form 990 (2019) HEMOPHILIA FEDERATION OF AMERICA INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (contamod)			
•	Established and the Complete of the Complete o		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 38			
L	, , , , , , , , , , , , , , , , , , , ,	2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	77	
20	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country	Ta		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	only)	availa	.b <b>l</b> e
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHARON MEYERS - (202) 675-6984			
	999 NORTH CAPITAL ST NE, STE 201, WASHINGTON, DC 20002			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle:	ss per	itior more rson i	than of structures	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) AIMEE HOYT	1.00	l								
BOARD MEMBER	1 00	Х						0.	0.	0.
(2) ALLISON RITCEY	1.00	١								•
BOARD MEMBER	1 00	Х	_	_				0.	0.	0.
(3) ANNE PARROTT	1.00	٠,,								•
BOARD MEMBER	1 00	Х		_				0.	0.	0.
(4) ANNE-LOUISE WIRTHLIN	1.00	٠,,							_	•
60ARD MEMBER (5) ASHLEY GREGORY	1 00	Х			_			0.	0.	0.
(5) ASHLEY GREGORY MEMBER AT LARGE	1.00	х						0.	0.	0
(6) AUSTIN HOLLAND	1.00	^		_	_			0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(7) BRAD BENNE	1.00	Δ						· ·	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) BRITNEE VIEIRA	1.00	- 22						0.	<u> </u>	
BOARD MEMBER	1.00	х						0.	0.	0.
(9) CARLETHA GATES	1.00	_								
MEMBER AT LARGE		х						0.	0.	0.
(10) CARSON OUELLETTE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CLYDE BRAWNER	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
(12) CRISTINA BARNES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) CURT KROUSE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DANIEL WARREN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) DENA SHEPARD	1.00									
BOARD MEMBER		Х			$ldsymbol{ld}}}}}}$			0.	0.	0.
(16) ERICA SIMPSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) GILLIAN SCHULTZ	1.00	1								
BOARD MEMBER		Х						0.	0.	0.

1.00	Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	_
Note   Pour	(A)	(B)							(D)	(E)	(F)
Substitute   Su	Name and title	I . "	(do					one	Reportab <b>l</b> e	Reportable	Estimated
STATE   PROPERTY WATKINS   1,00		1							· '	•	
Phours for related organizations   Section   Phours for related organizations   Phours for related organization   Ph			_	T		1 0010	T	<u> </u>			
1.80   JRPERRY MATKINS		, ,	direct				_				
1.80   JRPERRY MATKINS		related	36 Or	stee			ısateı			(VV 2) 1000 WIGO)	
1.80   JRPERRY MATKINS		organizations	truste	al tru		yee	эшы		(** =* ********************************		1 -
1.80   JRPERRY MATKINS			ridua	tution	eL	oldma	est co loyee	Jer.			organizations
DOARD MEMBER    1.00			İpu	Insti	Offic	Key 6	High	Forn			
1.9   JOSE PALMATIER	(18) JEFFERY WATKINS	1.00									
NOARD MEMBER     X	BOARD MEMBER		X						0.	0.	0.
1.00	(19) JOHN PALMATIER	1.00									
BOARD MEMBER   X   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	BOARD MEMBER		X						0.	0.	0.
1.00   X   X   X   X   X   X   X   X   X	(20) JOSEPH MARKOWITZ	1.00							_	_	_
EOARD EMBER    1.00   X   X   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	BOARD MEMBER		X						0.	0.	0.
1.00   X   0.0	(21) JOSHUA DOUGLAS HEMANN	1.00									
BOARD MEMBER    X   0	BOARD CHAIR		X		X				0.	0.	0.
(24) KRISTINE MANNS 1.00 SOARD MEMBER    X   0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(22) JULIE FREDERICKSEN	1.00									
BOARD MEMBER    X   0	BOARD MEMBER		X						0.	0.	0.
(24) KRISTINE MANNS BOARD MEMBER    X   0	(23) KASEY SHADE	1.00									
BOARD MEMBER    X     0   0   0   0	BOARD MEMBER		X						0.	0.	0.
AURA PORTALES   1.00	, ,	1.00								_	
BOARD MEMBER  1.00    X	BOARD MEMBER		X						0.	0.	0.
TREASURER    1.00   X   X	(25) LAURA PORTALES	1.00							_	_	_
TREASURER    X   X   0	BOARD MEMBER		X						0.	0.	0.
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No		1.00									
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation list any former of fficer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  3			X		X			<u> </u>			
Total fumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Total number of independent Contractors  Complete Schedule J for such individual  Total number of independent Contractors  (A)  Name and business address  NONE   Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization form the organization of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization f											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? ""Yes," complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE Description of services Compensation  Compensation  1 Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization. In the organization of services Compensation from the organization. In the organization of services Compensation.											
Compensation from the organization   Press   No									•		0/0.
Section B. Independent Contractors  (A) Nome and business address  (A) Name and business address  (A) None  (B) Co Compensation  (C) Compensation		ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	_
3	compensation from the organization										Ves No
line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  None  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	2 Did the organization list any former officer	director trust	00 I	·0\	mnl	0.40	0 Or	hia	host componented ampl	lovos on	103 140
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to those listed above) who received more than \$100,000 of compensation from the organization limited to tho				•		•		_	, ,	•	l a l x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the	•										3 2
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶  0	•	•							•	•	1 X
rendered to the organization? If "Yes." complete Schedule J for such person 5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C											7
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (Compensation)  Name and business address NONE (B) (C) (Compensation)  Description of services (Compensation)  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0	· ·					•			•		5 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		piete Scriedule	<del>)</del>	or st	ICII Į	oers	OH				1 3 1 1 1 1 1
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$	·	mpensated ind	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	100.000 of compens	ation from
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		•								•	
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0					<u> </u>						(C)
\$100,000 of compensation from the organization   0	Name and business	address	N	INC	3				Description of s	ervices	
\$100,000 of compensation from the organization   0											
\$100,000 of compensation from the organization   0											
\$100,000 of compensation from the organization   0								T			
\$100,000 of compensation from the organization   0											
\$100,000 of compensation from the organization   0											
\$100,000 of compensation from the organization   0								_			
\$100,000 of compensation from the organization   0											
\$100,000 of compensation from the organization   0								4			
\$100,000 of compensation from the organization   0											
\$100,000 of compensation from the organization   0	2 Total number of independent contractors (in	aduding but =	o+ 1:-	nito	1 +	thar	o lic	+0~	abovo) who received the	oro than	
tree, eee or compensation from the organization p		•	JL III	mec	י נסי	_	_	tea	above) who received mo	ne man	
			ΊN	UΑ	ΤT			HE	ETS		Form <b>990</b> (2010

932008 01-20-20

										2316
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	appl	y)	compensation	compensation	amount of
	per							from	from related	other
	week					loyee		the	organizations	compensation
	(list any hours for	director				d emp		organization (W-2/1099-M <b>I</b> SC)	(W-2/1099-MISC)	from the organization
	related	96 Or (	stee			satec		(W-2/1099-MISC)		and related
	organizations	truste	al trus		yee	шрег				organizations
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	Je			o o
	line)	Indi	Insti	Officer	Key (	High	Former			
(27) LIANNE LAPIERRE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(28) LILY SCHWARTZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) LINDSAY HOOPER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(30) MARIA CHAVEZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(31) MARIA RUBIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(32) MATTHEW PORGES	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(33) MICHAEL DEEB	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(34) MONICA DIAZ	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(35) NATASHA BURROUGHS	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(36) RENITA JOHNSON	1.00	٦,							0	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(37) RON STAAKE	1.00	٦,							0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(38) SCOTT MUIR BOARD MEMBER	1.00	x						0.	0.	0.
(39) SHARI LUCKEY	1.00	^	$\vdash$					· ·	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0
(40) STEPHANIE MANCUSI	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(41) STEPHEN LONG	1.00	22							<u> </u>	<u></u>
MEMBER AT LARGE	1.00	Х						0.	0.	0.
(42) TANYA RICCHI	1.00							· ·	•	•
BOARD MEMBER		Х						0.	0.	0.
(43) MEGAN MURRAY	1.00	T-							•	
BOARD MEMBER		Х						0.	0.	0.
(44) TYSHAWN CONSTANTINE	1.00	<u> </u>								
BOARD MEMBER		х						0.	0.	0.
(45) VICTORIA HUBBERT	1.00	Ī	П							
BOARD MEMBER		х						0.	0.	0.
(46) YOLANDA ORTIZ	1.00									
(40) IODANDA ONIIZ					i			i .	1	
BOARD MEMBER		Х						0.	0.	0.

Form 990 HEMOPHI	LIA FEDEF	<u>las</u>	'IC	N	OF	' A	ME	RICA INC	72-128	2316
Part VII   Section A. Officers, Directors, 1	rustees, Key Er	nplo	yee	s, a	nd F	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportab <b>l</b> e	Reportable	Estimated
	hours	(c	heck	all ·	all that apply)			compensation	compensation	amount of
	per week							from the	from related organizations	other compensatio
	(list any	ctor				nploy.		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted er		(W-2/1099-MISC)	,	organization
	related	stee o	ruste		au	bensa				and related
	organizations below	ual tru	iona		ploye	tcom	١,			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SHARON MEYERS	40.00	┢═	F			H	_			
PRESIDENT & CEO	1000			x				129,397.	0.	762
(48) KIM ISENBERG	40.00									
/ICE PRESIDENT				Х				121,641.	0.	114
		_								
		1								
				$\vdash$						
		-								
				-						
otal to Part VII, Section A, line 1c								251,038.		876

Form 990 (2019) HEMOPHI
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Officer if Octredule O Contains a response	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
							business revenue	from tax under
								sections 512 - 514
str str	1	а	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues1b	100,805.				
Ωğ		С	Fundraising events1c	76,059.				
īfs L			Related organizations 1d					
୍ର ଖ୍ର			Government grants (contributions) 1e	703,015.				
Sig			All other contributions, gifts, grants, and	, 00 , 0200				
iξβ				775 711				
들됨				<u>,775,744.</u>	_			
E D		_	Noncash contributions included in lines 1a-1f 1g \$		- 655 600			
<u>5 g</u>		h	Total. Add lines 1a-1f		5,655,623.			
				Business Code				
g.	2	а						
έ		b						
Ser		С						
Z S		d						
gra								
Program Service Revenue		e	- ·					
<u>.</u>			All other program service revenue	•				
$\overline{}$		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		82,483.			82,483.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a		_			
	_				_			
					_			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e e			and sales expenses					
Revenue			Gain or (loss) 7c					
<u>§</u>			Net gain or (loss)	<b>•</b>				
her F			Gross income from fundraising events (not					
Ğ.			including \$ of					
٥			-					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8	0.				
		С	Net income or (loss) from fundraising events	<u></u>	5,520.			5,520.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses					
			Net income or (loss) from gaming activities	<b>•</b>				
			Gross sales of inventory, less returns					
	10	а						
			and allowances 10		_			
			Less: cost of goods sold10	<u>pl</u>				
$\blacksquare$		С	Net income or (loss) from sales of inventory	<u></u>				
ای				Business Code				
ö "	11	а	DIRECTORY AND ADVERTIS	511140	543,746.	543,746.		
an and an and an and an		b						
₩		С						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		543,746.			
	12		Total revenue. See instructions		6,287,372.	543,746.	0.	88,003.
	ıΖ		TOTAL TOVORIDO, OUU MISH MUHONS	·····	1-,,,5,2.			

Seci	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	17,500.	17,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	251,914.	236,069.	6,819.	9,026.
6	trustees, and key employees	231,914.	230,009.	0,019.	9,020
O	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	2,012,194.	1,886,284.	54,303.	71,607.
8	Pension plan accruals and contributions (include	_,,,	_, , , ,	= -, 3 5 5 7	, 0 0 7 0
-	section 401(k) and 403(b) employer contributions)	80,018.	67,545.	3,993.	8,480.
9	Other employee benefits	38,577.	32,563.	1,925.	4,089.
10	Payroll taxes	171,776.	144,999.	8,572.	18,205.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	·	84,988.	78,668.	3,262.	3,058.
d	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)	00 071			00 071
12	Advertising and promotion	98,871.	100 020	11 702	98,871.
13	Office expenses	217,405.	189,938.	11,783.	15,684.
14	Information technology				
15	Royalties	227,328.	216,871.	5,102.	5,355.
16 17	Occupancy	1,096,907.	1,083,720.	7,795.	5,392
17 18	Payments of travel or entertainment expenses	1,000,0076	1,003,720.	1,155.	3,352
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56,500.	47,669.	8,698.	133.
20	Interest	,	,	.,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	24,947.	20,128.	4,819.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) SPECIFIC ASSISTANCE	945,989.	945,989.		
a b	PROGRAM EXPENSES	441,109.	441,109.		
C	DUES AND SUBSCRIPTIONS	116,664.	105,461.	1,513.	9,690.
d	EQUIPMENT RENTAL AND MA	41,775.	35,548.	2,661.	3,566.
e		42,809.	38,006.	3,710.	1,093
25	Total functional expenses. Add lines 1 through 24e	5,967,271.	5,588,067.	124,955.	254,249.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,299,167.	1	2,184,237.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,842,886.	4	1,455,900
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	33,833.	9	26,093
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2,154,040.	11	4,465,950
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,329,926.	16	8,132,180
	17	Accounts payable and accrued expenses	241,084.	17	213,113
	18	Grants payable		18	
	19	Deferred revenue	2,102,510.	19	3,313,295
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jap		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	170,058.	25	239,970
	26	Total liabilities. Add lines 17 through 25	2,513,652.	26	3,766,378
		Organizations that follow FASB ASC 958, check here   X			
Š		and complete lines 27, 28, 32, and 33.	0 664		4 005 004
<u>a</u>	27	Net assets without donor restrictions	3,571,664.	27	4,295,331
Ba	28	Net assets with donor restrictions	244,610.	28	70,471
Ē		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
S S	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	3,816,274.	32	4,365,802
	33	Total liabilities and net assets/fund balances	6,329,926.	33	8,132,180.

Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		5,28		
2	Total expenses (must equal Part IX, column (A), line 25)	2 !	5,96		
3	Revenue less expenses. Subtract line 2 from line 1	3		0,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 3,8		6,2	7 <b>4.</b>
5	Net unrealized gains (losses) on investments	5	5 229,427		27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10 4	4,36	5,8	02.
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?		3a		Х
b	did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	<del>-</del>		Form	990	(2019)